See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

-WRITE PLAI

V. S. No. 1

# STATE OF MARYLAND—CERTIFICATE OF DEATH PHYSICIANS should state Exact statement of OCCUPA. IS A PERMANENT RECORD. AGE should be stated EXACTLY. properly classified.

6563

III LAGE OF BEATT	2 1-1
County Modestey	Registration Dist, No.
Village or City Girdletree	
Village of City (If	ND. St., Ward  death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidance in city or town where death occurred 23 yrsmos	ds. How long in U. S. if of foreign birth?yrsmosds,
2. FULL NAME 1) OY V. X all	If U. S. Veteran, specify WAR 10.
(a) Residence: No.	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write Noe word)	21. DATE OF DEATH (Month) (Day) (Year)
Sa. If marriad, widowad, or divorced	(month) (bay) (rear)
HUSBAND OF Rouney Ball	22. I HERESY CERTIFY, That I attended deceased from
May 4 1445	I last saw h aliva on
6. DATE OF BIRTH (month, day, and year)  7. AGE Years   Months   Days   If LESS than	
1. AGE 16813 MONTHS Days IT LESS than	to have occurred on the date stated above, at
	were as follows:
8 Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9: Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Data data worked at this occupation (month and specific property and specific proper	ANGINA PECTORIS
9: Industry or business in which	
work was dona, as SILK MILL, SAW MILL, BANK, etc.	
10. Data dacassad last worked at 11. Total time (years)	
this occupation (month and year) spant in this occupation	
	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	NONE
(State or country) (Manya)	
13, NAME Odward J. Ball	
13. NAME Odward J. Ball  14. BIRTHPLACE (city or town)	Nama of operation 20 1 E Date of
14. BIRTHPLACE (city or town) (State or country)	
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME / Stille 6. Navis	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country) / Mgma	Whare did Injury occur?
ablaniel Ball	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
17. INFORMANT MAGRICULTURE MAR. F. T. D. # 1,	INDUSTRY
18. BURIAL CREMATION, OR REMOVAL	Manner of injury A & &
Place Illson aniM+12 repate land 1, 1936	Nature of injury
19. UNDERTAKER Affame + Athronist	24. Was disease or injury in any way ralated to occupation of dacaasad?
(Address) Anout Hille mg	If so, spacify
20. FILED Glif 1936 REROY Swith	(Signad) William a. Corenter M.O.
Registrar.	(Address) And Hill med.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis SECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 3 1930	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state Exact statement of OCCUPAa.D. Every item WITH UNFADING INK-THIS IS A PERMANENT RECO stated EXACTLY. properly classified. FOR BINDING See instructions on back of certificate. MARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. TION is very important. N. B.—WRITE PLAI

V. S. No. 1

infor-

	1. PLACE OI	SIAIL	OF MAR	YLAND—	CERTIFICATE OF DEATH	0004 46
		rcester		PO	COMOKE CITY Page Registration Dist. No.	50
	Village or C	ity Pocomoke			No. St., f death occurred in a hospital or institution, give its NAME instead of street a	Ward
		dence in city or town whara		yrsmos		mosds.
-		WE Francis	rec nou	TEATTE	If U. S. Veteran, specify WAR	~
Marie Control	(a) Resident	ce: No.	(Usual place	of abode)	St., Ward.  If nonresident give city or town	and State
	PERSON	AL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	1
]	ale	4. color or RACE	OR DIVORCE	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH LOCOMORE City June 50th. (Month) (Day)	, 193 6 . (Year)
5a.	. If married, widow HUSBAND of (or) WIFE of	ed, or divorced			Jan 1st. 19 35 to June 30t1	
6.	DATE OF BIRTH (	month, day, and year) Na.:	rch 18th	.1864. i	mi last saw im alive of June 30th/	death is said
7.	AGE Year		Days	If LESS than  1 day,hrs.	to have occurred on the date stated above, at 4 a 30P.m.	
-	7 2	Slon, or particular	12	ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importanca were as follows:	Date of oneet
NOI	kind of w SAWYER,	ork done, as SPINNER, BOOKKEEPER, etc	Retired		Angina pectoris	
OCCUPATION	9. Industry or I	dona, as SILK MILL, L, BANK, etc.			Prior to	Jan. 1935
CCU	10. Date decaasa	d last worked at	11, Total ti	me (years)	-	
0	this occup	ation (month and	11, Total ti sper occu	nt in this pation		
12.	BIRTHPLACE (cit		oke City		Othar Contributory Causes of Importanca:	
~	(State or coun		1 0 0			
FATHER		-	nneville	4		
_	(Stata or		ryland.		Name of operation Date of What test confirmed diagnosis? Was there	
MOTHER	15. MAIDEN NAM	7	1 0	easey	23. If death was due to external causes (VIOLENCE) fill in also the follow	-
MO	16. BIRTHPLACE (State or		rset Cou	inty	Accident, suicide, or homicide? Date of Injury	, 19
17.		7 7 8 7 800	onne <b>v</b> ill	.e	Whera did Injury occur?(Specify city or town, county and Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC	State) PLACE.
18	BURIAL, CREMATI		U.		Mannar of injury	
	Place Op	pke City	Date July	3pd, 19-36	Nature of Injury	
19.	UNDERTAKER	ernou P.	Steve	uson	24. Was disaase or injury In any way related to occupation of decaasad?	
-	(Addrass)]		y laryla	nd.	If so, specify	,
20.	FILED July	2 , 1936. for	hm 1. 12	ely	(Signed)	M. D.
	,			Registrar.	(Address)	and the same

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
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Arteriosclerosis D	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JUL 3 1936	July 5,1927	Peritonitis	3 days ago
RUDEAU V. S.	1		
Other contributory causes of importance;		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

item of infor-

# STATE OF MARYLAND-CERTIFICATE OF DEATH

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6	1)	15	ŀ	h
U	13	U	0	1

1. PLACE OF DEATH	210 mm
County Warcesley	Registration Dist. No. 3 6 /
Village of City Girdletree	NoSt.,Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	ds. How long in U.S.il ol loreign birth?yrsmosds.
2. FULL NAME // arrow f. Abritting	ghand If U. S. Veteran, specify WAR 1/0.
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OBTRACE OR DIT ORCED (write the wo	(Month) (Day) (Year)
56. 11 married, widowad, or divorced	(55)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decassed Iron
24 . /	100 0 100 100 100 100 100 100 100 100 1
6. DATE OF BIRTH (month, day, and year) // Orch 10-19	I last saw have alive on 19 death is said
7. AGE Years Months Days II LESS	
18 3 2 1 dey,	
No. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Fractured Abull due
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and second last worked).	to automoble accident moyie
10. Date deceased last worked at this occupation (month englay 1936 spant in this year)	yus
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	
13. NAME William Stritten chan	W I I I I I I I I I I I I I I I I I I I
13. NAME William & Stutling for 14. BIRTHPLACE (city or town) (Stata or country)	Name of operation
	Whet test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Olla Conauny 16. BIRTHPLACE (city or town) White	23. If death was due to external causes (VIOLENCE) fill In also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicida, or homicida, decillud Data ol Injury Moy (0, 19 d 6
(State or country)	Where did Injury occur? Develon, Maryland
17. INFORMANT SUGGEST OF SMITH AND S	(Specify city or town, county and State) Specify whother injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  PLANTING SILL CONST. DALLINE 10, 1	Manner of injury Enlise in with telphone bala Natura of injury Fractured Skill
19. UNDERTAKER Plane of June (Addrass)	24. Was disease or Injury in any way releted to occupation of decaased? 200
(Mullass) Amon I ma	If so, specify
20. FILED 9 9, 1936 LE Coy Secret.	(Signad) M. D. (Address) Lurov Hill. And
If more blanks are needed, address State Ro	egistrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

N. B.-

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Example 1		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
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101 3 mg.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAL
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KD. Every	YSICIANS	statement	
RECO	Y. PH	Exact	
RMANENT	XACTL	classified.	
IS A PE	stated E	properly	ertificate.
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N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every ite	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS s	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of	TION is very important. See instructions on back of certificate.
Z	1	1	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6566
1. PLACE OF DEATH	Mb (R)
County Wareesler	Registration Dist. No. 355
Village or City Burlin and	NoSt.,Ward
Length of residence in city or town where death occurred Loyrs	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
(a) Residence: No. 13 Min Ond.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Getter Britting barn	22. I HEREBY CERTIFY, That I ettended deceesed from august 1936, to further 1936
6. DATE OF BIRTH (month, day, end yeer)	I last say here elive on free 1, 19.34; death is seid
7. AGE Years Months Days If LESS then 1 day,hrs. ormin.	to have occurred on the detereted ebove, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
No. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	adens carcus of Showach Jun 183
9. Industry or business in which work wes done, es SILK MILL, Returned Harmus SAW MILL, BANK, etc	
10. Dete decesed last worked at this occupation (month end 1924 spent in this occupation occupation	Other Coutributory Causes of importence:
12. BIRTHPLACE (city or town) (Stete or country)	
13. NAME (Mathias Bretting ham	
14. BIRTHPLACE (city or town) (State or country)	Neme of operation Date of Whet test confirmed diagnosis? Classical Was there an eutopsy?
15. MAIDEN NAME // Bithards  16. BIRTHPLACE (city or town)  (State or country)	23. If deeth was due to externel ceuses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?Oate of injury,19
17. INFORMANT All Scriffing ham (Address) Deslin mid.	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Berlin Ind. Date June 3, 1936	Nature of injury
19. UNDERTAKER J. W. Bushage (Address) Bestin of mod.	24. Was disease or injury in eny way related to occupetion of deceesed?
20. FILED 6-3-, 196 Helen J- Haywa	(Signed) Transes M. O. (Address) Fullanto ma
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JUL 3 1938	July 5, 1927	Peritonitis	3 days ago
PEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

certificate.

TION is very important. See instructions on back of

of OCCUPA-

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County Hancester 10	Registration Dist. No. 355
Village or City It haleyvelle	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	rs,mosds. How long in U.S. if of foreign birth?yrs,mos,ds
2. FULL NAME Vingel Don	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abo	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICUL	ARS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, OR DIVERCED (2017)	
5a. If married, widowed, or ovorced HUSBAND of (or) WIFE of Alaca M Rawe	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) April 15	1873 I last sawber alive on Jacob 1992; death is said
63 1 17 10	to have occurred on the dete stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:  Date of onset
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc.	Cally Carebral
kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc.  Solindustry or business in which work was done, as SILK MILL.  SAW MILL, BANK, etc.  1D. Date deceased last worked at this occupation month and	Halmanhoge
10. Date deceased last worked at this occupation (month and 1935) 11. Total time (y spent in t occupation)	his
12. BIRTHPLACE (city or town) 15 18 18 18 18 18 18 18 18 18 18 18 18 18	Che. Nethritis
13. NAME Filen project.	N
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town) I have your country.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) The left of (Stete or country)	Accident, suicide, or homicide?
17. INFORMANT Jonny aggregation (Address)	(Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OF DEMOCRAL Mode June	1.3, 19.36 Manner of injury
19. UNDERTAKER A CANADA	24-Was disease or Injury In any way related to occupation of decembed?
20, FILED 6-3, 1936 Helen 55 3	ayuana (Signed) Mas. M.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	- 11 H	Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	JUN 5 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephra	itis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	II BUREAU V. S.	July5,1927	Peritonitis	3 days ago
Other contributory cau	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

# STATE OF MADVI AND CEDTIFICATE OF DEATH

1	1. PLACE OF DEATH	CERTIFICATE OF DEATH
	County Morcester	Chia Silvi Silvi S C/
	Meads of the table	Registration Dist. No. 35/
	Village or City Sudletree	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
		ds. How long In U.S. if of foreign birth?yrsmosds.
	2. FULL NAME Olizabeth W. Gran	If U. S. Veteran, specify WAR 70.
	(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.	gex 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (price We word)	21. DATE OF DEATH (Month) (Dey) (Year)
5a	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decassed from
6.	DATE OF BIRTH (month, day, and year) OCT, 8-1768	1   last saw h
7.	AGE Year Months Days If LESS than	to have occurred on the data stated above, atm.
	67 8 1 8 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importanca were as follows:
TION	8. Trade, profession, or particular kind of work dona, es SPINNER, Jausewife SAWYER, BOOKKEEPER, etc.	no Aoctor in allendance Date of onset
CUPA	9. Industry or Dusiness in Which Work was done, as SILK MILL, SAW MILL, BANK, etc.	socior who arrived after death stated she died
00	1D. Date deceased last worker et this occupation (month end yaar)  11. Totel tima (years) spant in this occupation  9 11. Totel tima (years) spant in this occupation	Other Contributory Causes of importance:
HER   = OC	2. BIRTHPLACE (city of town) - Warulland 1	Other Commontery Causes of Importance:
ER	13. NAME James Cottingham	
FATH	14. BIRTHPLACE (city or town) Waruland	Neme of operation
-		What test confirmed diagnosis? Was there an autopsy?
MOTHER	16. BIRTHPLACE (city or town)	23. If deeth was due to axternal causas (VIOLENCE) fill in also the following:  Accident, suicida, or homicide?
Σ	(State or country) All anylands	Whera did injury occur?
11	7. INFORMANT AND AND GRAND HILL (Address) And Letree M. F. F. D. H.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18	B. BURIAL, CREMATION, OR REMOVAL	Manner of injury
_	Place / / Date fund / 1800	Neture of Injury
19	9. UNDERTAKER / GAME H Jenny S	24. Was disaese or injury In any way related to occupation of decaased?
) -	OFILED 69/69 1936 RELON Seweth	(Signad) Etaly Smith May
-	Registrar	(Addrass) Superthell Mid 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

PHYSICIANS should state Exact statement of OCCUPA-

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. properly classified.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE PLAINLY,

N. B.

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 11. [11] 3	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 m

infor-

1. PLACE OF County

STATE OF MARYLAND	CERTIFICATE OF DEATH 6569
DEATH ,	(3))
ncestes	Registration Dist. No. 357
lar Stockton	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
nce in city or town where death occurred yrs mos	ds. How long in U.S. if of foreign birth?yrs,mosds.
: No. Abrahtan and	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OB RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH June 23 (Month) (Day) (Yeer)
, or divorced	22 A HEREBY CERTIFY. That I ettended deceased from

	Village or City	SAST	nion		No. St., death occurred in a hospital or institution, give its NAME instead of street an	
	2. FULL NAME	Vesley	eath occurred	Lea/	ds. How long in U.S. if of foreign birth?yrs	_mosas.
	(a) Residence: No.	DA.	htan	md	St Ward.	
	(a) Residence. No	1	(Usual place	of abode)	If nonresident give city or town a	and State
	PERSONAL AN	D STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)					21. DATE OF DEATH June 23 (Month) (Day)	, 193/
5a	If married, widowed, or divol HUSBAND of (or) WIFE of Line	da 1	Collis	en .	22. HEREBY CERTIFY, That I ettend Which 31, 1936, to June 1	
6.	DATE OF BIRTH (month, day	, and year) W	rknow	m 1861	I last saw him alive on June 16, 193	( ; death is said
	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, et 2m.	
a	bout 75			1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	1
7	8. Trade, profession, or pa	rticular		1 1	2011	Date of onset
Õ	kind of work done, SAWYER, BOOKKEE	PER, etc.	ssn L	about	Valorilar plusease of	
CCUPATION	9. Industry or business in work was done, as S SAW MILL, BANK, e	ILK MILL.			Heart and Pohronic	
00	10. Date deceesed last wor this occupation (more year)	nth and / /	11, Total t	ime (years) nt in this 554w	. dephritis	2 yes
12	. BIRTHPLACE (city or town). (State or country)	Mary	lan	d	Other Contributory Causes of importance:	
ER	13. NAME Just	enolv	W			
FATH	14. BIRTHPLACE (city or to	wn) Tal as	ulan	d	Neme of operation. Dete of	, –
F	(State or country)	There			What test confirmed diagnosis? Wes there a	
ER	15. MAIDEN NAME	ancy	Fish	ev	23. If death was due to external causes (VIOLENCE) fill in elso the follow	
MOTHER	16. BIRTHPLACE (city or to	wn) 21	1	. 1	Accident, suicide, or homicide? Date of Injury	, 19
Σ	(State or country)	man	gran	iec	Where did injury occur?	
17	INFORMANT LEATH	cleton	shes!		(Specify city or town, county and Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC	PLACE.
18	BURIAL, CREMATION, OR R	The second second	produce.		Manner of Injury	
	Place Old DA.	Paul Binds	-Dete Juste	24,1936	Neture of Injury	
10	UNDERTAKER Will	iana &	J Wille	anu	24. Was disease or Injury In any way related to occupation of deceased?	1-
19	(Address)	w Tiel	ma		If so, specify ————————————————————————————————————	7.0
20	FILED 24, 1	936 M	rary m.	Taylor.	(Signed) John De Dickells	W, M. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
3	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

	m of infor-	hould state	OCCUPA-	/
	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
DING	JANENT REC	ACTLY. P	assified. Exac	
MARGIN RESERVED FOR BINDING	IS IS A PERM	be stated EX	be properly cla	of certificate.
RESERVE	NG INK-TH	AGE should b	that it may h	TION is very important. See instructions on back of certificate.
MARGIN	TH UNFADI	lly supplied.	plain terms, so	. See instruct
	PLAINLY, W	ould be carefu	F DEATH in 1	ery important.
V. S. No. 1	B.—WRITE I	mation sho	CAUSE O	TION is ve
V. S3	ż		(-	T

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	23
County Worcester	Registration Dist. No. 30
Village or City Snow Hell	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Vaughn Hales	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Yeer)
% If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CE/RTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, dey, and year) Pot 21-1911	I last saw h alive on
7. AGE Years Months Days If LESS then	to have occurred on the date stated above, et
24 7 34 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
Trede, profession, or perticular kind of work done, es SPINNER, BAWYER, BDOKKEEPER, etc.	Pulmonary Luturculous 1932
kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc.  9-Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.  10. Deto deceesed last worked at this occupation (month and	1
SAW MILL, BANK, etc	
10. Deto deceesed last worked at this occupetion (month) and yeer occupetion.	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country) // anyland	
TI 13. NAME West, J. Halls	
14, BIRTHPLACE (city or town) Maruland	Name of operation Dete of
(Siete of County)	Whet test confirmed diagnosis? Wes there en eutopsy?
15. MAIDEN NAME Dellie Y Hudson  16. BIRTHPLACE (city or town)  (State or country)	23. If deeth wes due to externel ceuses (VIOL ENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town)  (Stete or country)	Accident, suicide, or homicide?
17. INFORMANT My WAY J. T. Jales / (Address)	Where did Injury occur?
18. BURIAL, CREMATION, DR REMOVAL	Menner of injury
Plece M. O. Cent Date Surel 1/, 1936	Nature of Injury
19. UNDERTAKER / farul - migranish.	24. Wes disease or injury in eny wey related to occupation of deceased?
20. FILED 69169, 1936 REROY Swith Registrar.	(Signed) All M. D. (Address) From Hill M. D.
If more blanks are needed, address State Registrar,	2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of

	-		LUD CEDTIFICATE O	
STATE	OF	MARYL	AND—CERTIFICATE O	DEATH

1. PLACE OF DEATH	4	(23)
County Morces Line	- 1 · NA	Registration Dist. No. 30/
Village or City Inow	Hell	ND. St., Ward death pactured in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where de		.24_ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Thomas	J. Hudson	If U. S. Veteran, specify WAR 70.
(a) Residence: No.		St., Ward,
	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTI		MEDICAL CERTIFICATE OF DEATH
Male White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (repite tha word)	21. DATE OF DEATH  (Month)  (Day)  (Yaar)
56. If married, widowed, or divorced HUSBAND of	Y	
(or) WIFE of		22. I HEREBY CERTIFY. That I attended deceased from
C DATE OF BIRTH (COOK do not not)	1 3 1917	last sawhin alive on AMP 28 19312; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Month	Days If LESS than	to have occurred on the data stated above, at \$ 36 A_m.
19 5	24 l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular	24.	Date of onset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	Jone	Julmonary Interculosis
Kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc		V
SAW MILL, BANK, etc	f1. Total time (years)	
o this occupation (month and year)	spant in this	
	.11	Dther Coutributory Causes of importance:
12. BfRTHPLACE (city or town) (Stata or country)	land	t lasks a second
13. NAME Martin VI	udson.	
Ŧ J		Name of operation Date of
14. BIRTHPLACE (city or town)	Mand	What test confirmed diagnosis surgical Lyam. Was there an autopsy? Act.
15. MAIDEN NAME Bland	he Cabullan	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Bland	1	Accident, suicide, or homicide?
S (State or country)	lman.	Where did Injury occur?
17 INFORMANT Blanche	8. Smark	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Amow H	ill md	
18. BURIAL, CREMATION, OR REMOVAL	0	Manner of injury
Place of P. U.M.	Date	Nature of injury
19. UNDERTAKER & Carrie &	Dennes	24. Was disease or injury in any way related to occupation of deceased?
(Address) ffrom H	le mg	If so, specify
2D. FILED 6/29 1936 LE	Los Scerett	(Signad) \\ \\ M. D.
	Registrar.	(Address) Mow Full , Wd L

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example V E	ii ii	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis REALI V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

certificate.

See instructions on back of

infor-

of OCCUPA-

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1	1	1	_
6	6	10	

1. PLACE OF DEATH	
County Worcester	Registration Dist. No. 351
Village or City smow Hill	No. St Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
Lines 0	sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Stullborn Jacks	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Mooth) (Pay) (Year)
5a. If married, widowed, or divorced	(month) (day) (teal)
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Queen 28 1936	, 19, to, 19, 19
	I last saw h; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormln.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	TEMP I
SAWYER, BOOKKEEPER, etc	Stillbuth
work was done, as SILK MILL, SAW MILL, BANK, etc	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
12. BIRTHPLACE (city or town) Md. (State or country)	Other Contributory Canses of importance:
13. NAME Own On ken	
E	
4. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
15. MAIOEN NAME Mass. Anthony	What test confirmed diagnosis?
15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or dountry)  M. A.	Accident, suicide, or homicide? Date of Injury, 19  Where did injury occur?
17. INFORMANT MACKET AURSON (Address) March 1911, Miles	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place	Nature of Injury
19. UNDERTAKER(Address)	24. Was disease or injury In any way related to occupation of deceased?
20. FILED	(Signed) M. D. (Address) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
	1 year
	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy Run over by street car  Peritonitis  Other contributory causes of importance:

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Sig. B.

infor-

No. 15.2  Village or City Delease Cuty Mg Golds occurred in a boptisal or incitioning, give in NAME instead of sever and number?  Length of residence in city or town where death occurred with most of death occurred in a boptisal or incitioning, give in NAME instead of sever and number?  As Rew long in U.S. If of forsign birth?  Length of residence in city or town and State Mean a pocific War.  (a) Residence Ry. Additional Control of the	STATE OF MARYLAND—	CERTIFICATE OF DEATH 6572
Village or City.  Decare Cuty Mag.  (It deals becomed in a bogotal or intritution, give in NAME interned of street and number)  Length of residence in city, or town whata death occurred yellow mos. J. 6s. How long in U.S. if of foreign birth?  2. FULL NAME  (a) Residence: Ny.  ACRES COLOR OR RACE  S. INGER, MARIED, WHOOWED, OR DUYURED Confer the wordy  A. COLOR OR RACE  S. INGER, MARIED, WHOOWED, OR DUYURED Confer the wordy  A. COLOR OR RACE  S. INGER, MARIED, WHOOWED, OR DUYURED Confer the wordy  ACRES COLOR OR RACE  S. INGER, MARIED, WHOOWED, OR DUYURED Confer the wordy  ACRES WAST  ACRES TARS  ACRES COLOR OR RACE  S. INGER, MARIED, WHOOWED, OR DUYURED Confer the wordy  ACRES WAST  ACRES TARS  ACRES TAR	1. PLACE OF DEATH	210-m)
Village or City.  Decare Cuty Mag.  (It deals becomed in a bogotal or intritution, give in NAME interned of street and number)  Length of residence in city, or town whata death occurred yellow mos. J. 6s. How long in U.S. if of foreign birth?  2. FULL NAME  (a) Residence: Ny.  ACRES COLOR OR RACE  S. INGER, MARIED, WHOOWED, OR DUYURED Confer the wordy  A. COLOR OR RACE  S. INGER, MARIED, WHOOWED, OR DUYURED Confer the wordy  A. COLOR OR RACE  S. INGER, MARIED, WHOOWED, OR DUYURED Confer the wordy  ACRES COLOR OR RACE  S. INGER, MARIED, WHOOWED, OR DUYURED Confer the wordy  ACRES WAST  ACRES TARS  ACRES COLOR OR RACE  S. INGER, MARIED, WHOOWED, OR DUYURED Confer the wordy  ACRES WAST  ACRES TARS  ACRES TAR	county Woelester	Registration Dist. No. 352
Length of residence in city or town where death occurred yellows.  2. FULL NAME  PERSONAL AND STATISTICAL PARTICULARS  3. SIX  4. COLOR OR RACE  5. SINGLE, MARRIED  1. SINGLE, MARRIED  1. SIX  2. LATE OF DEATH  2. DATE OF DEATH  2. LATE OF DEATH  3. SIX  4. COLOR OR RACE  5. SINGLE, MARRIED  6. DATE OF DEATH  7. AGE  7. AG	Village or City Olegan City Mid	NoSt.,Ward
(a) Residence: No	/~ //	ds. How long In U.S. if of foraign birth?yrsmosds.
PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DLYGRED ("orite the world")  Sa. It married, widowed, or divorced  HUSBAND of Control of Work of the Sand of Work	2. FULL NAME Lesent G. Jesse	/ It U.S. Veteran specify WAR Worldwar
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE 5. SINGLE, MARRIED, WIOWED, OR DIVORED (write the word) 5. If married, widowed, or divorced (180mth) 5. If married, widowed, or divorced (180mth) 5. If married, widowed, or divorced (180mth) 5. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE 8. SAWYER, BOOKEEPER, etc.  1. Infludustry or businass in which work wis done, as SIK MILL, SAW MILL, BANK, etc.  1. Data descend last worded at this acceptation (month and 2.5 cc-tapation)  1. SIRTHPLACE (city or town) (State or country)  1. BIRTHPLACE (city or town) (State or country)  2. If death was due to external causes (VIDLENCE) fill in the tite following: Accident, subtle, or homicide? (Scate or external causes)  1. BIRTHPLACE (city or town) (State or country)  1. BIRTHPLAC	(a) Residence: No. Pately free II B	
3. SEX  4. COLOR OR RACE OR DISORCED Cownie the word Or DI		
OR DYGRED (waite the word)  5. If HER EBY CERTIFY, Thet I attanded deceased from (Month) (Oay)  19. (Month) (Oay)  22. I HER EBY CERTIFY, Thet I attanded deceased from 19. (to 19. (t		
53. If married, victowed, or divorced HUSBAND HUSBAND FOR THE BY CERTIFY, Thet I attanded deceased from HUSBAND T, AGE Years Mooptis Days If LESS than I day. If all ass saw h		June 3rd 193 6
6. DATE OF BIRTH (month, day, and year)  7. AGE  Yaars  Months  Days  If LESS than 1 day		
T. AGE  Vaers  Months  Days  If LESS than 1 dayhrs. ormin.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  October ones as Sprinker, SAWYER, BOOKKEPER, etc.  Indicatory or business in which work wes done, as SILK MILL, SAWYER, BOOKKEPER, etc.  Indicatory or business in which work wes done, as SILK MILL, SAWILL, BARK, etc.  Indicatory or business in which work wes done, as SILK MILL, SAWILL, BARK, etc.  Indicatory or business in which work wes done, as SILK MILL, SAWILL, BARK, etc.  Indicatory or business in which work wes done, as SILK MILL, SAWILL, BARK, etc.  Indicatory or business in which work wes done, as SILK MILL, SAWIER, BOOKKEPER, etc.  Indicatory or business in which work wes done, as SILK MILL, SAWIER, BOOKKEPER, etc.  Indicatory or business in which work wes done, as SILK MILL, SAWIER, BOOKKEPER, etc.  Indicatory or business in which work was done, as SILK MILL, SAWIER, BOOKKEPER, etc.  Indicatory or business in which work was done, as SILK MILL, SAWIER, BOOKKEPER, etc.  Indicatory or business in which work was done, as SILK MILL, SAWIER, BOOKKEPER, etc.  Indicatory or business in which work was done, as SILK MILL, SAWIER, BOOKKEPER, etc.  Indicatory or business in which work was done, as SILK MILL, SAWIER, BOOKKEPER, etc.  Indicatory or business in which work was done, as SILK MILL, SAWIER, BOOKKEPER, etc.  Indicatory or business in which work was done, as SILK MILL, SAWIER, BOOKKEPER, etc.  Indicatory or business in which work was follows:  Octave as follows:	1. 1 /100:	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:    The Principal Cause of Death and related causes of importance were as follows:		
Skind of work done, as SPINNER, SAWYER, BOKKEPER, etc.  build of work done, as SPINNER, SAWYER, BOKKEPER, etc.  build of work done, as SPINNER, SAWYER, BOKKEPER, etc.  build of work done, as SPINNER, SAWYER, BOKKEPER, etc.  build of work done, as SPINNER, SAWYER, BOKKEPER, etc.  build of work done, as SPINNER, SAWYER, BOKKEPER, etc.  build of work done, as SPINNER, SAWYER, BOKKEPER, etc.  build of work done, as SPINNER, SAWYER, BOKKEPER, etc.  build of work done, as SPINNER, SAWYER, BOKKEPER, etc.  build of work done, as SPINNER, SAWYER, BOKKEPER, etc.  build of work done, as SPINNER, SAWYER, BOKKEPER, etc.  build of work done, as SPINNER, SPI	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
12. BIRTHPLACE (city or town)   14. BIRTHPLACE (city or town)   14. BIRTHPLACE (city or town)   15. MAIDEN NAME   16. BIRTHPLACE (city or town)   17. INFORMANT   18. BURIAL, CREMATION OR AREMOVAL   18. BURIAL, CREMATION OR AREMOVAL   19. UNDERTAKER (Addrass)   1	Value of the state	
12. BIRTHPLACE (city or town)   14. BIRTHPLACE (city or town)   14. BIRTHPLACE (city or town)   15. MAIDEN NAME   16. BIRTHPLACE (city or town)   17. INFORMANT   18. BURIAL, CREMATION OR AREMOVAL   18. BURIAL, CREMATION OR AREMOVAL   19. UNDERTAKER (Addrass)   1	Industry or business in which work wes done, as SILK MILL, Hishesman	
Other Contributory Causes of importance:    12. BIRTHPLACE (city or town)	this occupation (months and ) by	
13. NAME	m 11	Other Contributory Causes of importance:
What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Addrass)  18. BURIAL, CREMATION OR REMOVAL  Place  (Addrass)  19. UNOERTAKER  (Addrass)  20. FILED  20. FILED  (Addrass)  What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accidant, sulcide, or homicide? Accident, sulcident, sulcident, sulcident, sulcident, sulcident, sulcident, sulcident, sulcident, sulcident, sulcide		
What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Addrass)  18. BURIAL, CREMATION OR REMOVAL  Place  (Addrass)  19. UNOERTAKER  (Addrass)  20. FILED  20. FILED  (Addrass)  What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accidant, sulcide, or homicide? Accident, sulcident, sulcident, sulcident, sulcident, sulcident, sulcident, sulcident, sulcident, sulcident, sulcide	13. NAME Meary Jessey	
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Addrass)  18. BURIAL, CREMATION OR REMOVAL  Place  (Addrass)  19. UNOERTAKER  (Addrass)  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accidant, sulcide, or homicide? Accidant Date of injury	14. BIRTHPLACE (city or towns) (State-or country)	
17. INFORMANT (Addrass)  18. BURIAL, CREMATION OR AEMOVAL Placa Placa (Addrass)  19. UNOERTAKER (Addrass)  20. FILED  20. FILED  (Specify city or lown, county and State)  Spacify whether injury occurred in INDUSTRY in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY in HOME, or in PUBLIC PLACE.  (Nature of injury  Addrass)  18. Spacify whether injury  Manner of	15. MAIDEN NAME GAMA MARY Sash	
17. INFORMANT (Addrass)  18. BURIAL, CREMATION OR AEMOVAL Placa Placa (Addrass)  19. UNOERTAKER (Addrass)  20. FILED  20. FILED  (Specify city or lown, county and State)  Spacify whether injury occurred in INDUSTRY in HOME or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY in HOME or in PUBLIC PLACE.  Nature of Injury  Addrass  24. Was disease or injury In any way related to occupation of decaased?  (Specify city or lown, county and State)  Spacify whether injury occurred in INDUSTRY in HOME or in PUBLIC PLACE.  Nature of Injury  (Signad)  (Signad)  (Addrass)  (Addrass)  (Addrass)  (Addrass)  (Addrass)  (Addrass)  (Addrass)	T 16 RIPTHPI ACE (city or town)	6 10 4 661
17. INFORMANT  (Addrass)  18. BURIAL, CREMATION, OR REMOVAL  Placa  Placa  (Addrass)  19. UNOERTAKER  (Addrass)  20. FILED  17. INFORMANT  (Addrass)  Spacify whether jajury occurred in INDUSTRY in HOME or in PUBLIC PLACE.  Manner of Injury  Nature of injury  Addrass  24. Was disease or injury In any way related to occupation of decaased?  (Signad)  (Addrass)	S (State or country)	Where did injury occur? Ocean City Zula
18. BURIAL, CREMATION OR AEMOVAL Placa Latter guel Oate 111168, 1936  19. UNOERTAKER LAST Guel Oate 111168, 1936  19. UNOERTAKER LAST Guel Oate 111168, 1936  20. FILED 1507 1936 SM curffill (Signad) (Address Catter guerns)  (Address Catter guerns)  (Address Catter guerns)		Spacify whether injury occurred in INDUSTRY in HOME, or in PUBLIC PLACE.
Place Catcher Guel Oate 111168, 1936  19. UNOERTAKER CAddrass)  20. FILED 1936 S M curffill (Signad) (Address - Catcher Carroller)  (Address - Catcher Carroller)  (Address - Catcher Carroller)		Manner of Injury Water Vellicle
20. FILED 45/~, 1936 J. & M. C. Kegistrar.  If so, spacify M. D. (Signad) Mcad a Chelwell M. D. (Signad) (Address) (Address) Activity Courses (Address) (Add	11.4-1 211	(A) + 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
20. FILED 4/5/-, 1936 J. S. M. empres (Signad) Macadella (M. D. Registrar. (Address - activity Carronell)		24. Was disease or injury in any way related to occupation of decaased?
Registrar. (Address) - (Address)	Ulby a landered	100000000000000000000000000000000000000
	Registrar.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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	Example I		Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	300	July 5,1927	Peritonitis	3 days ago	
	PUREAU V. S.		·		
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

STATE OF	MARYLAND-	CERTIFICATE	OF	DEATH
			_	

1. PLACE OF DEATH	(23)
County Worces les.	Registration Dist. No. 367
Village or City Newark.	NoSt.,Ward
Langth of residance in city or town where death occurredyrsyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number)  mosds. How tong in U.S. if of foreign birth?yrs
(a) Residence: No. Mewarke (Usual place of abode)	ond. St., Ward.
PERSONAL AND STATISTICAL PARTICULA	RS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write to morrie)	
5a. If married, widowad, or divorced HUSBANO of (1	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Emma Morris.	
6. DATE OF BIRTH (month, day, and year) Sept 1. 189	
7. AGE Yaars Months Days If L	ESS than to have occurred on the date stated above, et. 9 - P. m.
T (	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade profession or particular	O Julorculosis/o pulsa. Oate otonse
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Culmanary Hemerhogs
9. tndustry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	Isam Chisternamia
O 10. Oata dacaasad last worked at 11. Total time (year	(5)
this occupation (month end spent In this year) occupation	
	Other Contributory Causes of importance: Awardion: History given as
12. BIRTHPLACE (city or town) Area (Stete or country)	cold contracted around Chaistman , and
13. NAME James morris.	- wa man ga men
14. BIRTHPLACE (city or town)	Name of operation Date of
(Stata or country)	What tast confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Charlotte Lugle	. 23. If death wes due to external ceuses (VIOLENCE) fill In elso the following:
15. MAIDEN NAME Charlotte Jungle 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
E (Stata or country)	Where did injury occur?
17. INFORMANT Emissia Tingle: (Address) newarle fond.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Cur.	Mannar of injury
Place Serman boun, and Oate The	Neture of injury.
19. UNDERTAKER W. Burbage (Address) Berling no	24. Was disease or injury in any way related to occupation of deceased?
20. FILED June 21, 1936 IV Meinfor	(Signad) (Addrass) M. (Addrass) M.
If more blanks are needed address St.	ste Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	li	Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
OUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

# STATE OF MARYLAND—CERTIFICATE OF DEATH

	infor-	state	UPA-	
(No.	item of	pluods	of OCCUPA	
	. Every	ICIANS	atement	

A PERMANENT RECORD. ed EXACTLY. PHYSIC perly classified. Exact statificate.

MARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANEN	E should be stated EXACTL	(A) CAUSE OF DEATH in plain terms, so that it may be properly classified.	s on back of certificate
MARGIN R	, WITH UNFADING	refully supplied. AG	in plain terms, so th	tant Soo instruction
V. S. No. 1	N. B.—WRITE PLAINLY,	mation should be ca	CAUSE OF DEATH	TION is your import

1	. PLACE OF DEAT	TH C	1 1/1/ (1 (			
	County Worces liv.				Registration Dist. No.3 5	2
	Village or City/	Berli	<u>.                                    </u>		NDSt	Ward
١.	Length of residence in cit	v or town where d	eath occurred		death occurred in a hospital or institution, give its NAME instead of street at	
	. FULL NAME	Iram	. 0	Person	, 0	_11103,
	(a) Residence: Np.	poyon	3. rlin		St., Ward.	
	(a) Residence. ND.		(Usual place o		If nonresident give city or town	and State
	PERSONAL AN				MEDICAL CERTIFICATE OF DEATH	1
3	SEX 4. COLO	R OR RACE	5. SINGLE, MARR OR DIVORCED	(write the word)	21. DATE OF DEATH (Month) (Day)	
5a.	If married, widowad, or divor	rcad			22. I HEREBY CERTIFY, That I attend	led descend from
	(or) WIFE of Will	eam	Jenne	well.		
6.	DATE OF BIRTH (month, day	, and year)	100.18.	1856.	I last saw h alive on, 19	
7.	AGE Yaars	Months	Days	If LESS than	to have occurred on the data stated above, atm.	
	79	6	13	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:	Date of onset
N	8. Trade, profession, or pa	8. Trade, profession, or particular kind of work done, as SPINNER,				
OCCUPATION	SAWYER, BOOKKEE	PER, etc			Ciculi Endocardo	Cio
UP	9. Industry or business in work was done, as S SAW MILL, BANK, e	ILK MILL,	ousen	refre		
200	10. Date deceased last wor this occupation (mor	kad at	11. Total tie	ma (years) tin this		
	year)	ith and	Occu	pation	Other Carollan Consultations	
12.	BIRTHPLACE (city or town)	mary	land.		Other Centributory Canses of importance:	
_	(State or country)		- 4		Chr. Refhardes	
LER	13. NAME Will	ain 1	Betha	rd.		
FATHER	14. BIRTHPLACE (city or to	wn) me	unglen	· E.	Name of operation	f
_	(Stata or country)		0	_	What tast confirmed diagnosis? Was there	an autopsy?
MOTHER	15. MAIDEN NAME	rque	a lize	thands	23. If death was due to external causes (VIOLENCE) fill In also tha follow	
TO	16. BIRTHPLACE (city or to	wn) 87	aryla	nd.	Accident, sulcide, or homicide? Date of injury	, 19
-	(Stata or country)		- 0,		Where did injury occur? (Specify city or town, county and	State)
17.	(Address)	Thilles	elphin	Jeer.	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC	PLACE.
18	BURIAL, CREMATION, OR R		(.	2	Manner of Injury	
_	Placa quelog	rein	Data Vine	2 ,1956	Nature of Injury	
19	. UNDERTAKER	W. 13	urba	ge of	24. Was disaase or injury in any way ralated to occupation of daceased?  If so, spacify	<u> </u>
20	• 4	936 2 U	- Mu	land	(Signed) Chas	M.D.
20	11.00	JE R. A.X.	de	Registrar.	(Address) Berling	end
		If more	blanks are needed a	Mean State Perists as	24 N. Charles Street Beltimore Promotion 71 C No.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	Ţ.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
- COMPAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	-CERTIFICATE OF DEATH 05/5
County Harlester	- (ma)
	Registration Dist. No. 170
Village or City Cean Coty me	No. St., War
	os. How long In U.S. if of foreign birth?yrs
2. FULL NAME Lutter Phellips	If U. S. Veteran, specify WAR
(a) Residence: No. 200 Lacust St Cecelin	a.
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4. COLOR OR RACE OR DIVORCED ("refrice the word)  Nucle  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("refrice the word)	21. DATE OF DEATH (Month) (Day) (Yaer)
a. If married, widowad, or divorced HUSBAND of (or) WIFE of	22. JI HEREBY CERTIFY, That I attanded daceasad fro
DATE OF BIRTH (month, day, end yaer) 8/5/1857	Mast saw h elive on 27 18 daath is sa
AGE Yeers Months Oays Af LESS than	To have occurred on the dete stated above, at 6, AVIL
78 2 1 dey,hrs.	
8 Trade profession or particular	france Bearf lesta Date olone
kind of work done, as SPINNER, Cetered SAWYER, BOOKKEEPER, atc	atizen Palaces Hez
kind of work done, as SPINNER, SAWYER, BOOKKEFPER, atc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc  10. Oata dacaasad last worked at his occupation (month and	
10. Oata dacaasad last worked at this occupation (month and year)	
10/	Othar Contributory Causes of importenca:
2. BIRTHPLACE (city or town) (Stete or country)	Lesses as a series
13. NAME George W. Thielips  14. BIRTHPLACE (city or town) Starpers Island	
Washers Island	
14. BIRTHPLACE (city or town)  (State or country)	Name of operation Dete of
15. MAIDEN NAME May Jone meekess	What test confirmed diegnosis? Wes there an autopsy? Wes there are autopsy?
118000000000000000000000000000000000000	23. If daath was due to axtarnal causes (VIOLENCE) fill in also the following:
(State or country)	Accidant, suicide, or homicide?
mi Pylofini	Where did injury occur? (Specify city or town, county and State)
(Address) Caralage Me	Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL	Mannar of Injury
Pleca Megate Of 79, 196	Nature of injury
3. UNOERTAKER 45 Least Mar. (Addrass)	24. Was disease or injury in any way ralated to occupation of daceesed?
D. FILEO 6 - 27-1536. S. M. Ceruford Registrar.	(Signad) (Address) M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
JUL 6 1936			
Other contributory causes of unportance: 5.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

inforshould state

1. PLACE OF DEATH COUNTY Norcester	POCON	CERTIFICATE OF DEATH	76
		0	
Village or City <u>Focomoke Cit</u>	(1	No. 212 a hout St., death occurred in a hospital or institution, give its NAME instead of street and n	War
Length of residence In city or town where death of	occurred 64 yrs 4 mos	25_ds. How long in U. S. If of foreign birth?yrsmc	sd
2. FULL NAME John Edwin		If U. S. Veteran, specify WAR	
(a) Residence: No. 212 Walnut	,	St., Ward.	
PERSONAL AND STATISTICAL	(Usual place of abode)	If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
3. SEX 4. COLOR OR RACE 5. S.	INGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH Pocomoke City, June 12th. (Month) (Day)	, 193_6 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Essie Ross For	vell	1 HEREBY CERTIFY, That I attended of JUNE 8 136, to June 12	
6. DATE OF BIRTH (month, day, and year) Jan. ]	L8th.1871.	I last saw h 1 M alive on JUNE 11 1 36	; death is sa
7. AGE Years Months 64 4	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of one
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	II. Total time (years) spent in this occupation	CEREBRAL MEMORRY AGE. (Right side PARATY SEO)	49/3
12. BIRTHPLACE (city or town) Pocomoke ( (State or country) Waryland	City,	Dither Contributory Causes of Importance:	
13. NAME John Shite Powel	1	Right IVNG	110/3
13. NAME John Thite Powel  14. BIRTHPLACE (city or town) LORGOSTIC (State or country)		Name of operation Date of	
15. MAIDEN NAME Julia Hudson		23. If death was due to external causes (VIDL ENCE) fill in also the following	
15. MAIDEN NAME Julia Hudson  16. BIRTHPLACE (city or town) Girdlet  (State or country)	ree land.	Accident, suicide, or homicide? Date of injury	
17. INFORMANT MISSIC POWEL (Address) OCOMORE City, M		(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	c) ACE.
18, BURIAL, CREMATION, OR REMOVAL	June 14th ., 19 36	Manner of injury	
19. UNDERTAKE JERMON P. S. T. (Address) OCOMORE CIT, I	aryland.	24. Was disease or injury in any way related to occupation of deceased?	NO
20. FILED fra 13, 1936, John	J. Re-lay Registrar.	(Signed) LEE WALL  (Address) POLOMOKE CE, MC	М.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I E   V E I	)	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis  3 1936	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state

of infor

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	(22)
County Norcester	Registration Dist. No. 530
Village or City	No. R.F. D. #3 a St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  2 ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Elizabeth Pruitt	If U. S. Veteran, specify WAR
	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Tomale White Vidow  5a. If married, widowed, or divorced	21. DATE OF DEATH  June 14th., 193 6.  (Month) (Day) (Year)
6. DATE OF BIRTH (month, day, and year) June 11th. 1864.	22. I HEREBY CERTIFY. That I attended deceased from 1936, to 1936; to 1936; death is said
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date steted above, at
kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked at Jan this occupation (month and 1936   11. Total time (years) spent in this occupation   12. BIRTHPLACE (city or town)   Accorded County (State or country)   Virginia.	Ohysician was called in a when the case was in extremise therefore, he knows nothing of the primary cause, and date of onset custing.  Other Contributory Causes of importance:  Mo. Greather informations.
13. NAME James Curtis 14. BIRTHPLACE (city or town) Accomac County (State or country) Virginia.	Name of operation
15. MAIDEN NAME Sarah Berry  16. BIRTHPLACE (city or town). ACCORNO. County (State or country) Virginia.	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
(Address) indletree Maryland.  18. BURIAL, CREMATION, OR REMOVAL  Be place Eden Cemetery, Date June 16th, 19 36	Manner of injury  Nature of injury
19. UNDERTAKER PLUCOUL SUPPLIED (Address) Comoko City, Laryland.  20. FILED June 16, 19 John Roley  Registrar	24. Was disease or injury in any way related to occupation of deceesed?  If so, specify  (Signed)  (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I		Example II	
The principal cause of importance were a	of death and related causes is follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	JUL 3 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

There saw the woman prior to trive

of infor-

of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93:0
County Worcester MAITO	Registration Dist. No. 35/
Village or City MIN Show Will	ND. St., Ward
/A (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurred / yrs, mos.	ds. How long in U.S. if of foreign birth?
2. FULL NAME SURLE O. Alddick	If U. S. Veteran, specify WAR_M_O
(a) Residence: Np. (Usua place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male Col . OR DIVORCED (write the word)	Month) (Day) (Pear)
ia. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Cor) WIFE of	1 HEREBY CERTIFY, That I attended deceased from
D + 1856	West saw h/M alive on Y (see 1) 20 136 death is said
5. DATE OF BIRTH (month, day, and year)  AGE a Years Months Days If LESS than	to have occurred on the date stated above, at 100 m.
al + TA 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trede, profession, or particular	were as follows:
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Chrone Myseardits totas
9. Industry or business in which work wes done, es SILK MILL.	
work wes done, es SILK MILL, SAW MILL, BANK, etc	
this occupetion (month and year) occupation occupation	
0 1	Other Contributors Cores of importance:
(State or country)	Children Die market 1930
13. NAME Part Kname	Course
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Clurical Was there an autopsy 10
15. MAIDEN NAME Sout Know	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did Injury occur?
17. INFORMANT John Varmene	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Super Hell and.	
18. BURIAL, CREMATION, OR REMOVAL  Place Thorn Hill Date une 29 193/0	Manner of Injury
7,100	Nature of injury
19. UNDERTAKER Slarne I bernes	24. Was diseese or injury in any way related to occupation of deceased?
(Address) Show Hall and	If so, specify
20. FILED 9/1, 1936 LET oy Sullett	(Signed) D. (Address Lever Ville M.C.)
Acginiai.	

If more blatks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related cause of importance were as follows:  Arteriosclerosis		The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.	S		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6601
1. PLACE OF DEATH	(200-2)
County Worceshu	Registration Dist. No. 3 12
Village or City newards	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence inscity or town where death occurredyrsmos.	
2. FULL NAME dotte May Stickerd	o , If U.S. Veteran specify WAR.
(a) Residence: No.	St., Ward.
(Usual phace of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Jeusle Colored OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Richards	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Dec. 3, 1915	I last saw h aliva on, 19; death is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Were as follows:  Date of onest
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent in this	in altendance
10. Date deceased last worked at this occupation (month and yaar) to coupation	"I do not know" "No fruther information.
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
13. NAME Joshue Selly	
14. BIRTHPLACE (city or town)	Nama of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME auie aller	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Curie allera  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, Date of injury, 19
S (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs. Unite Selfry (Address)	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMAVAL	Manner of injury
Place Ce dar Chapel Oats fely 2, 193	Nature of injury
19. UNDERTAKER W. Beirboye (Address) Berlin And.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED buly 2, 1936 I V Munford	(Signed) M. D.
Texp.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
Arteriosclerosis	RECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial neg		1921	Run over by street car	1 week ago
Cerebral hemorrhage	AUG 4 1934	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory of Gallstones	auses of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

V. S. No. 1 N. B.—V TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH	CERTIFICATE OF DEATH 6579
Wan - D	Registration Diet No. 3 J
County 97 C	Registration Dist. No.
Village or City Judletnee	NoSt.,Ward feath occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or lown where death occurredyrsmos	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME (ELECTION)	f les
(a) Residence: Nector Selection	Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (2write the word)	21. DATE OF DEATH
- moureed	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Trong Selley	22. I HEREBY CERTIFY That I attended deceased from
Dee / 1905	197 10 119
6. DATE OF BIRTH (month, day and year)  7. AGE Years Months Day's If LESS than	Usst saw handlive on , 19 ; death is said
The state of the s	to have occurred on the date stated above, at /////m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
(01	were as follows: Daja of onset
Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	o will the flere to his 30
A Industry or husiness in which	The foremany course of the ocute.
work wes done, as SILK MILL, SAW MILL, BANK, etc.	meghretis could not be assertained
11. Total time (yeers) this occupation (month and spant in this	20 P. +
year) occupation	The history was one of the few sloyed wik-
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance: ness only
(State or countyy) Price	
13. NAME Viencent Selles	
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diegnosis 2 Was there an autopsy?
15. MAIDEN NAME Mortho Crisco	23. If deeth was due to external ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mortha Crippe	Accident, suicide, or homicide?, 19, 19
State or sountry)	Where did Injury occur?
Vincent Sell	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
17. INFORMANT (Address) (Address) (Address)	opening minimizery occurred in PROSSTRT, in HOME, of INFODERC PEACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place It Paul Centry Date June 7, 1936	Nature of Injury
D D D	
19. UNDERTAKER And	24. Was diseese or injury in any way related to occupation of deceased?
	(Signed)
20. FILED May (M. Paylan Registrar.	(Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURFAILV. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-FOR BINDING MARGIN RESERVED

V. S. No. 1

PHYSICIANS should state

stated EXACTLY.

	STATE OF MARYLAND—	CERTIFICATE OF DEATH
)	. PLACE OF DEATH	
	county Wordsler	Registration Dist. No.
	Village or City / Service ,	NoSt.,Ward
5	Length of residence in city or town where death occurred yis mos	doubth occurred in a hospital or institution, give its NAME instead of street and number)  Ods. How long in U.S. if of foreign birth?
	7.101	Pl
2.	FULL NAME / SULLOOUS	Showell .
	(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
3. S.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. S	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (2011) the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. l	If married, widowed or divorced HUSBAND of	22. THEREBY CERTIFY. That I attended deceased from
	(or) WIFE of / Will	2. THEREBY CERTIFY, that I attended deceased from
6 0	DATE OF BIRTH (month, day, and year) 6-2/-36	Hast saw h LM alive on Plucy 19 death Is said
6. D 7. A	AGE Years Months Days If LESS than	to have occurred on the date stated above, at till hour
1	telloru 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as-follows:
NOI	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of onset
CCUPATION	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
0	10. Date deceased last worked at this occupation (month and year)	Other Coutributory Causes of Importance:
12.	BIRTHPLACE (city or town)	
~1	(State or country)	
HER	13. NAME CELLE / CEMPORE	
FAT	14. BIRTHPLACE (city or town)	Name of operation
1-	(State or country)	What test confirmed diagnosis? Was there an autopsy?
HER	15. MAIDEN NAME CLASSE Showell	23. If death was due to external causes (VIOLENCE) fill in also the following:
MOT	16. BIRTHPLACE (city or town). (State or country)	Accident, suicide, or homicide? Date of injury, 19
17.	INFORMANT Jour Cable (Address) Darly Md	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL Survey	Manner of Injury
	Place 70pp Date 6-22 186	Nature of injury
19.	UNDERTAKER & Moderbage (Address)	24. Was disease or injury in any way related to occupation of deceased?
20.	FILED June 2d 1936 IV Miemford	If so, specify (Signed)  M, D
	U hOly Registrar.	(Address) 9 Delta 11 La.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis:	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

AGE should be stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important.

See instructions on back of certificate.

N. B.

## CTATE OF MADVIAND CEDTIFICATE OF DEATH

STATE OF MARTLAND	CERTIFICATE OF DEATH 6581
1. PLACE OF DEATH	940
County Worcesler.	Registration Dist. No. 352
Village or City Ocean City (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
A. ()	ds. How long in U.S.If of foreign birth?yrsmosds.
2. FULL NAME Dettil West Show	U If U. S. Veteran, specify WAR
(a) Residence: No. Ocean City M. (Usual place of above)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hemsle White S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH  June 28 , 1936 (Month) (Dey) (Year)
ia. If marriad, widowad, or divorcad HUSBAND of (or) WIFE of	22. JI HEREBY CERTIFY, That I attended deceesed from
5. DATE OF BIRTH (month, day, and year) Quaux 25,1859	last saw hele alive on Juda 25, 19 6 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3m.
76 9 26, 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	arbier Teleroses
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Weakeles metteles
1D. Date decaased last worked at this occupation (month end 6/20/36 spant in this occupation 50 year)	Aug Paraleseo
12. BIRTHPLACE (city or town) Unagunia (State or country)	Other Contributory Causes of importance:
13. NAME Richard 200 annu	
14. BIRTHPLACE (city or town) Urguin. (Stata or country)	Neme of operation
15. MAIDEN NAME Sallin Ph. Dia	What test confirmed diagnosis? Was there an autopsy?  23. If deeth was due to axternal causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Mr. Dale Showell, (Address) Och and Culta Mad.	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place of Pauls Cem. Data June 30, 1936	Manner of injury
19. UNDERTAKER J. W. Burbage.	24. Was diseasa or injury In any wey related to occupation of daceased?
20. FILED 6/28 , 1936 J. S. Muniford	(Signed) Social City, Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis FIVED	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
JUL 6 1936			
Other contributory causes of importance: S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1 :	L. PLACE OF DEATH		108	
	County Market	'esley o	Registration Dist. No. 3	50
	Village or City C	one obselle	No. St., footh occurred in a hospital or institution, give its NAME justead of street and	Ward
	Length of residence in city or town		ds. How long in U.S. if of foreign birth?yrsm	
	2. FULL NAME	rel fuel	L If U. S. Veteran, specify WAR	
	(a) Residence: No.		St., Ward.  If nonresident give city or town and	1 6
-	PERSONAL AND STA	(Usual place of abode) TISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	State
3-	SEX- 4. COTOR OR RAC		21. DATE OF DEATH O	
1	temoleteolo	OR DIVORCED (write the word)	Tocomer latery head 3-	, 193 (Year)
5a	. If married, widower, or divorced HUSBAND of (or) WIFE of	Tull	22.   HEREBY CERTIFY That I attended	deceased from
6.	DATE OF BIRTH (month, day, and year	not becown	I last saw head alive on 193	; deeth is said
7.	AGR) Yeers Mon		to have occurred on the date stated above, at 10 1, m.	
12	facet of	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	Data of onset
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINN SAWYER, BOOKKEPER, etc 9. Industry or business in which work was done, es SILK MILL SAW MILL, BANK, etc		Gotal Prevenience	4301
-	10. Date deceased last worked et this occupation (month and year)	11. Total time (years) spent in this occupation	Other Coutributory Causes of Importance:	
2	(State or country)	na Delica	7	-
FATHER	14. BIRTHPLACE (city or town)	So On I been	Name of operation Date of	-
I	(State or country)	med	What test confirmed diagnosis? Was there an	
MOTHER	15. MAIDEN NAME  16. BIRTHPLACE (city or town)	Balysbury	23. If death wes due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?	g: ,19
17	(Address)	he beellym	(Specify city or town, county and Sta Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	te) .ACE.
18	BURIAL EREMATION OF REMOVAS	Coore Jeuns 5, 193	Manner of injury	
19	UNDERTAKER PLOCE (Address)	ufficees	24. Was disease or injury in eny way related to occupation of deceased?	
20	FILED 4., 19 36.	John J. Pelly	If so, specify (Signed) Q. Jarloneus	M. D.
1		Registrar.	(Address)	K. W.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example 1			Example II		
of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage 302 3 1936		July 5, 1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

TION is very important. See instructions on back of certificate.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

6583

1. PLACE OF DEATH	(07.01)
county Worcester.	Registration Dist. No. 352
Village or City Berlin.	No. St., War
	(If death occurred in a hospital or institution, give its NAME instead of street and number) nos,ds. How long in U.S. If of foreign birth?yrsmosd
3 · · · · · · · · · / //	
(a) Residence: No. 21 Alasto M.d. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the mord)	21. DATE OF DEATH  (Month)  (Day)  (Fear)
5a. If married, widowed, or divorcad HUSBANO of (or) WIFE of Amala Violence	22. I HEREBY CERTIFY, That I attended deceased fro
11 21 1913	
5. DATE OF BIRTH (month, day, and year) 1. 27 /86 Z	to have occurred on the data stated above, atm.
73 Q 1 dey,h	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Trede, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	wera as follows:  Oate of one  Oate of one
9. Industry or business in which	Janace Com
kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Oata deceasad last workad at this occupation (month and	Heart attack
	This case of paralysis and heart attack w
year) occupation	Other Contributory Causes of importance: causedby alcohol.
12. BIRTHPLACE (city or town) Y Acry (State or country)	- Portient died suddenly the had been an excession
	- user of alrahal for some times
The A	
(State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy? Was there are autopsy?
	23. If death was due to external ceuses (VIOLENCE) fill in also the following:  Accident, suicida, or homicide?
16. BIRTHPLACE (city or town)	Whera did injury occur?
7. INFORMANT Miss. Johns Viakers.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place Oate June 38, 19	Manner of Injury
1 /al B	24. Was disease or injury In any way related to occupation of decaased?
19. UNDERTAKER (Address) Berlin VIII	If so, specify
20. FILED June 30, 1936 I U Minneloyd Registrar.	(Signed) MCCOLLEGE CHARLES
Action -	ar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I was a parent of the same of the				Example II		
The principal cause of death and related causes Date of onset of importance were as follows:			Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	8 1111	1000	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis			1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU	V. 5	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes	of importance:			Other contributory causes of importance:		
Gallstones		1,10	May 1,1923	Gastroenteritis	1 year	
					WILL SER	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

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V. S. No. 1

	CERTIFICATE OF DEATH 6584
1. PLACE OF DEATH  County Workster	Registration Dist. No. 35/
Village or City Neur Codu Mo	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary a Jourd	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DEVORCED (regrice the word)	21. DATE OF DEATH (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of Noole & Young	22.   I HEREBY CERTIFY. That I attended deceased from
DATE OF BIRTH (month, day, end year) Fulo 12 1869	Hast saw h Ar alive on Miss 1936 deeth is said
. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 8 am.
67 4 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were a follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Housework SAWYER, BOOKKEEPER, etc.	Caux weekwar 6/9/36
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked et this occupation (month and year) 11. Total time (years) spent in this occupation	
2. BIRTHPLACE (city or town) Vrucus Clus (State or country)	Other Contributory Causes of Importance:
13. NAME TIS PURELY	Lucurentous of officer
14. BIRTHPLACE (city or town) Princes and (State or country)	Name of operation
15. MAIDEN NAME Martin Powell	What test confirmed diagnosis? Was there an aulopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city er town) Mucels Cums (State or country)	Accident, sulcide, or homicide? Date of injury, 19
7. INFORMANT MOGGI & Brewer (Address) Fadim Md	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place Free Supplies Oliver June 22, 1936	Menner of injury
9. UNDERTAKER Dale Doohull (Address) Truciso Crime my	24. Wes disease or injury In any way related to occupation of deceased?
0. FILED. 6/2 2/, 1936 RE Roy Swith	(Signed) All M.D.  (Address) Driver Hell M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
PUREAU WAY			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		1	